

Office Use Only
 Account # _____
 License # _____



Business License Application Commercial

1979 West 1900 South Syracuse, Utah 84075
 Phone 801-614-9627 FAX 801-614-9627

Name of Business _____ Business phone No. _____
 Business Address _____ Federal ID No. _____
 Mailing Address _____ Sales Tax # _____
 City _____ State _____ Zip _____ Contractor # _____
 Business Email/Website _____ State Registration # _____
 Property Owner Name _____ Registration Date _____
 Address _____ New Business
 City _____ State _____ Zip _____ New Owner
 Opening date of business _____ New Location
 # of Employees _____ Bldg. Sq. Ft. _____ Frontage _____

TYPE OF ORGANIZATION: (circle one) Corporation Partnership Proprietorship LLC

Corporate Agent/Owner _____ Owner phone No. _____
 Owner Address _____ City _____ State _____ Zip _____
 Birth Date _____ Driver License # _____ State _____ Email _____

DESCRIPTION OF BUSINESS _____

This is an application for a business license; the license will be issued after department approvals are given and the business license fee is paid. Issuance of the business license shall not relieve applicant of the responsibility to comply with applicable zoning, health, building, or fire regulations.

I/We, _____ hereby certify the information provided is correct and agree to release information regarding this application and further agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business.

Date _____ Signature _____

Dept. Approval	Initial	Date	Comments
Planning	_____	_____	_____
Building	_____	_____	_____
Police	_____	_____	_____
Fire	_____	_____	_____

Application Fee	\$25.00	Date Paid _____	By _____
Business License Fee	\$ _____	Date Paid _____	By _____